

## **“Nutrition to Grow On” Toolkit Teacher Evaluation**

Thank you for using the “Nutrition to Grow On” toolkit. Please answer the following questions about your experience with the toolkit.

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Number of students:** \_\_\_\_\_

**School:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please circle the activities you conducted:*

	<u>Nutrition Activity</u>		<u>Gardening Activity</u>	
Lesson 1: Introduction to Nutrition & Gardening _____	Y	N	Y	N
Lesson 2: Nutrients We Need _____	Y	N	Y	N
Lesson 3: My Pyramid _____	Y	N	Y	N
Lesson 4: Serving Sizes _____	Y	N	Y	N
Lesson 5: Food Labels _____	Y	N	Y	N
Lesson 6: Get Physically Active _____	Y	N	Y	N
Lesson 7: Goal Setting _____	Y	N	Y	N
Lesson 8: Consumerism _____	Y	N	Y	N
Lesson 9: Making Healthful Snacks _____	Y	N	Y	N

*As a result of this curriculum students...*

	<u>Disagree</u>				<u>Agree</u>
1. Made healthier food choices	1	2	3	4	5
2. Developed positive attitudes toward food, good health, and nutrition	1	2	3	4	5
3. Improved their interest in nutrition	1	2	3	4	5
4. Improved their interest in gardening	1	2	3	4	5

*Please estimate the total number of hours you spent teaching the activities:* \_\_\_\_\_ hours

*Please estimate the total number of hours you spent preparing the activities:* \_\_\_\_\_ hours

*How did you hear about the toolkit?* \_\_\_\_\_

*Were the supplies in the toolkit useful?* Yes No

*If no, how can the toolkit be more useful?* \_\_\_\_\_

*Would you like to use the toolkit again?* Yes No

*Additional comments or suggestions:* \_\_\_\_\_

***Thank you for completing this evaluation! Your feedback is important to us. You are eligible to receive a free gift and additional classroom gardening/nutrition resources upon receipt of your completed evaluation. Please fax to Mindy Swanson, Gardening Liaison, at (858) 694-2849.***